

## Section 4 – TOPICAL MODULES

### Part A – SELECTED FINANCIAL ASSETS

#### Statement A

Read to respondent: **These next questions concern various assets.**

ASK OR VERIFY –

**1a. Did ... own any U.S. Savings Bonds as of** (Read last day of reference period)?  
(Type E or EE bonds only.)

**8204**

- 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T1

**b. What was the FACE VALUE of the U.S. Savings Bonds that ... owned?**

(If ownership was shared, count only ...'s share.)

**8206**

\$  .  00

- x1 ☐ DK  
x2 ☐ Ref.

#### CHECK ITEM T1

Interview status of ...'s spouse

**8208**

- 1 ☐ No spouse in household — SKIP to 2c  
2 ☐ Interview for spouse not yet conducted  
3 ☐ Interview for spouse already conducted — SKIP to 2c

**2a. As of** (Read last day of reference period), **did ... own jointly with ...'s (husband/wife) any checking accounts which did NOT earn interest?**

**8209**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref. } SKIP to 2c

**b. What is your best estimate of the amount of money ... and ...'s (husband/wife) had in those checking accounts as of** (Read last day of reference period)?

**8210**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

**c. (Besides any checking accounts owned jointly with ...'s spouse,) as of** (Read last day of reference period), **did ... own any (other) checking accounts which did NOT earn interest?**

**8232**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref. } SKIP to Check Item T2

**d. What is your best estimate of the amount of money ... had in those checking accounts as of** (Read last day of reference period)?

(If account was shared, count only ...'s share.)

**8233**

\$  .  00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

#### CHECK ITEM T2

Refer to cc item 24.  
Is ... 21 years of age or older?

**8258**

- 1 ☐ Yes  
2 ☐ No — SKIP to Statement B, page 58

TOPICAL MODULES

**3a. Does ... have any Individual Retirement Accounts — any IRAs — in ...'s OWN name?**

(If ... is only included in spouse's IRA account, mark the "No" box.)

**8260**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref. } SKIP to 4a

**b. For how many years has ... contributed to ...'s IRA accounts?**

**8262**

Years

- x1 ☐ DK  
x2 ☐ Ref. — SKIP to 4a

**c. As of** (Read last day of reference period), **what is the total balance or market value (including interest earned) of ...'s IRA accounts?**



**8264**

\$  .  00 — SKIP to 4a

- x1 ☐ DK  
x2 ☐ Ref. — SKIP to 4a

**d. If I were to call back later would you be able to provide me with an estimate of the amount?** (This information is especially important for the purposes of this survey.)

**8266**

- 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 16  
2 ☐ No

## Section 4 — TOPICAL MODULES (Continued)

### Part A — SELECTED FINANCIAL ASSETS (Continued)

4a. Does ... have a KEOGH account in ...'s OWN name?

8284

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

} SKIP to 5a

b. For how many years has ... contributed to ...'s KEOGH account?

8286

Years

- x1 ☐ DK  
x2 ☐ Ref. — SKIP to 5a

c. As of (Read last day of reference period), what was the total balance or market value of assets in ...'s KEOGH account(s)?

8288

\$   .00 — SKIP to 5a

- x1 ☐ DK  
x2 ☐ Ref. — SKIP to 5a

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8290

- 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 17  
2 ☐ No

5a. Does ... have any life insurance? (Include group policies provided by employers.)

8308

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK  
x2 ☐ Ref.

} SKIP to Statement B, page 58

b. What is the current FACE VALUE of ALL life insurance policies that ... has?

8310

\$   .00

- x1 ☐ DK  
x2 ☐ Ref.

c. What type of life insurance does ... have — is it "term insurance", "whole life", or does ... have both of these types?

8312

- 1 ☐ Term only  
2 ☐ Whole life only  
3 ☐ Both types  
x1 ☐ DK

NOTES

TOPICAL MODULES

Section 4 — TOPICAL MODULES (Continued)			
Part B — MEDICAL EXPENSES AND WORK DISABILITY			
<b>Statement B</b>		Read to respondent: <b>These next questions concern payments that . . . may have made last month for medical bills for himself/herself or his/her family.</b>	
<b>1. During (Read last month) did . . . pay any of the following:</b>  <b>a. Doctor bills?</b> ..... <b>b. Dentist bills?</b> ..... <b>c. Hospital bills?</b> ..... <b>d. Expenses for prescription medicine?</b> .....	<b>8400</b> <b>8402</b> <b>8404</b> <b>8406</b>	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    x1 <input type="checkbox"/> DK 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    x1 <input type="checkbox"/> DK 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    x1 <input type="checkbox"/> DK 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    x1 <input type="checkbox"/> DK	
<b>CHECK ITEM T3</b> Is one or more "Yes" box marked in item 1?	<b>8408</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T4</i>	
<b>2. Not counting amounts already reported by another family member or amounts that will be reimbursed by insurance, how much did . . . pay for medical expenses in the month of (Read last month)?</b>	<b>8410</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px; text-align: center;">00</div> </div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>CHECK ITEM T4</b> Refer to cc item 24. What is . . . 's age?	<b>8412</b>	1 <input type="checkbox"/> 15 years old — <i>SKIP to Check Item T8</i> 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older — <i>SKIP to Check Item T8</i>	
<b>Statement C</b> Now I want to ask about any health or physical condition . . . may have that affected . . . 's ability to work.			
<b>CHECK ITEM T5</b> Is "Disabled" (code 171) marked on the ISS for . . . ?	<b>8414</b>	1 <input type="checkbox"/> Yes — <i>SKIP to 3a</i> 2 <input type="checkbox"/> No	
<b>CHECK ITEM T6</b> Refer to cc item 47. Is "Disabled" (code 171) marked on the control card for . . . ?	<b>8416</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3b</i>	
<b>3a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?</b>	<b>8418</b>	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T7</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>	
<b>b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b>	<b>8420</b>	1 <input type="checkbox"/> Yes — <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>	
<b>CHECK ITEM T7</b> Is "Worked" (code 170) marked on the ISS?	<b>8422</b>	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T8</i> 2 <input type="checkbox"/> No	
<b>4a. Does . . . 's health or condition prevent . . . from working at a job or business?</b>	<b>8424</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>	
<b>b. Has . . . been prevented from working for the past 12 months or longer?</b>	<b>8426</b>	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T8</i> 2 <input type="checkbox"/> No	
<b>c. Is it likely that . . . will be able to work at some time in the next 12 months?</b>	<b>8428</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
<b>Go to Check Item T8</b>			
NOTES			

## Section 4 – TOPICAL MODULES (Continued)

### Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES

**CHECK  
ITEM T8**

Is this the reference  
person's  
questionnaire?

**8528**

1 ☐ Yes

2 ☐ No — *SKIP to Check Item P1, page 62*

**Statement D**

Read to respondent: **These next questions concern housing costs and automobile ownership.**

**CHECK  
ITEM T9**

Refer to cc item 15.  
Tenure

**8530**

1 ☐ Owned or being bought

2 ☐ Rented for cash — *SKIP to 2*

3 ☐ Occupied without cash payment — *SKIP to 3*

**ASK OR VERIFY —**  
**1. Which persons in this  
household are the  
owners of this home?**

Person No.

Name

**8532**

**8534**

**8536**

**2. How much was this household's  
(rent/mortgage payment) last  
month?**

*(Include any condominium or  
association fees.)*

**8538**

\$  .  00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

*SKIP to Check Item T11*

**3. How much did this household  
pay for electricity, gas, and  
other utilities last month?**

*(Other utilities include other fuels,  
water, and basic telephone service.  
Include only payments made in  
addition to those reported in item 2.)*

**8540**

\$  .  00

x3 ☐ Nothing or included in rent

x1 ☐ DK

x2 ☐ Ref.

*SKIP to Check Item T11*

**CHECK  
ITEM T10**

Refer to cc items 19b,  
23, and 24.  
Composition  
of household

**8542**

1 ☐ One person household

2 ☐ Married-couple household,  
no other person 18 or older

3 ☐ Single parent household, no  
other person 18 or older

4 ☐ Other composition

*SKIP to Check Item T11*

**4. Did more than one of the  
persons living here pay for the  
(rent/mortgage payment) and  
utilities last month?**

**8544**

1 ☐ Yes — *SKIP to 6*

2 ☐ No

**5. Which person paid?**

Person No.

Name

**8546**

*SKIP to  
Check  
Item T11*

**6. Which persons paid and how  
much did each pay?**

Person 1

Person 2

Person 3

Person No.

Person No.

Person No.

**8548**

**8550**

**8552**

Name

Name

Name

**8554**

\$  .  00

x1 ☐ DK

x2 ☐ Ref.

**8556**

\$  .  00

x1 ☐ DK

x2 ☐ Ref.

**8558**

\$  .  00

x1 ☐ DK

x2 ☐ Ref.

**CHECK  
ITEM T11**

Refer to cc items 18  
and 23.  
Number of persons in  
household

**8580**

1 ☐ One — *SKIP to Check Item T12*

2 ☐ Two or more

# Section 4 – TOPICAL MODULES (Continued)

## Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)

7a. Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?

8562 1 ☐ Yes  
2 ☐ No — SKIP to Check Item T12

b. What was the total cost of these care arrangements for the month of (Read last month)?

8564 \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

CHECK  
ITEM T12

Refer to cc items 16a and 16b.

Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?

8658 1 ☐ In a public housing project } SKIP to 9a  
2 ☐ Subsidized  
3 ☐ Neither public nor subsidized

8a. Does . . . or anyone else in this household own any (other) real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as . . . 's own residence.

8660 1 ☐ Yes  
2 ☐ No } SKIP to 9a  
x1 ☐ DK

b. Which persons in this household are the owners of this (these) property(ies)?

Person No. Name  
8662      
8664

c. What is the total value of (Read persons' names) equity in this (these) property(ies)? (By equity we mean the amount that could be obtained by selling the property and paying off any debts.)

8666 \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

Count only share owned by household members.

9a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

8714 1 ☐ Yes  
2 ☐ No — SKIP to 10a

b. How many cars, trucks, or vans are owned by members of this household?

8716   Number of motor vehicles

(Ask items 9c–9e for vehicle 1 and then return to 9c for additional vehicles.)

c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?

Vehicle 1

Person No.

8718

Name

Person No.

8724

Name

Vehicle 2

Person No.

8720

Name

Person No.

8726

Name

Vehicle 3

Person No.

8722

Name

Person No.

8728

Name

d. What is the year, make, and model of this vehicle?

8730 1 9

x1 ☐ DK

Make

8736 x1 ☐ DK

Model

8742 x1 ☐ DK

8732 1 9

x1 ☐ DK

Make

8738 x1 ☐ DK

Model

8744 x1 ☐ DK

8734 1 9

x1 ☐ DK

Make

8740 x1 ☐ DK

Model

8746 x1 ☐ DK

OFFICE USE ONLY

8748

OFFICE USE ONLY

8750

OFFICE USE ONLY

8752

e. Is this vehicle used primarily for either business purposes or for the transportation of a disabled person?

8754 1 ☐ Yes  
2 ☐ No

8756 1 ☐ Yes  
2 ☐ No

8758 1 ☐ Yes  
2 ☐ No

Section 4 – TOPICAL MODULES (Continued)			
Part C – REAL ESTATE, SHELTER COSTS, DEPENDENT CARE, AND VEHICLES (Continued)			
CHECK ITEM T13	Is there another vehicle which has not been asked about?	Vehicle 1	Vehicle 2
		Vehicle 3	
		<div>8766</div> <div>1 <input type="checkbox"/> Yes – Ask 9c for next vehicle</div> <div>2 <input type="checkbox"/> No – Go to 10a</div>	<div>8768</div> <div>1 <input type="checkbox"/> Yes – Ask 9c for next vehicle</div> <div>2 <input type="checkbox"/> No – Go to 10a</div>
		Go to 10a	
10a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?			
Mark (X) all that apply.			
		<div>8770</div> 1 <input type="checkbox"/> Motorcycle	
		<div>8772</div> 2 <input type="checkbox"/> Boat	
		<div>8774</div> 3 <input type="checkbox"/> Recreational vehicle (RV)	
		<div>8776</div> 4 <input type="checkbox"/> Other – Specify	
		<div>8778</div> 5 <input type="checkbox"/> No – SKIP to Check Item P1, page 62	
Ask items 10b and 10c for each category of vehicle			
b. Who is (are) the owner(s) of the (Read first/second category marked in 10a)?		Category 1	Category 2
		Person No. Name	Person No. Name
		<div>8780</div> <input type="text"/> <input type="text"/> <input type="text"/>	<div>8782</div> <input type="text"/> <input type="text"/> <input type="text"/>
		<div>8784</div> <input type="text"/> <input type="text"/> <input type="text"/>	<div>8786</div> <input type="text"/> <input type="text"/> <input type="text"/>
c. If this vehicle were sold, what would it sell for in its present condition?			
		<div>8788</div> \$ <input type="text"/> . <input type="text"/> 00	<div>8790</div> \$ <input type="text"/> . <input type="text"/> 00
		x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref.	x2 <input type="checkbox"/> Ref. – SKIP to Check Item P1, page 62
CHECK ITEM T14	Is there another vehicle which has not been asked about?		
		Go to Check Item P1, page 62	
		<div>8800</div> 1 <input type="checkbox"/> Yes – Ask 10b for next vehicle	
		2 <input type="checkbox"/> No – Go to Check Item P1, page 62	
NOTES			